



STATE OF MISSOURI  
DIVISION OF PROFESSIONAL REGISTRATION  
**STUDENT ENROLLMENT APPLICATION**

BOARD OF COSMETOLOGY AND  
BARBER EXAMINERS  
3605 MISSOURI BLVD., P.O. BOX 1062  
JEFFERSON CITY, MO 65102

**S T**

**INSTRUCTIONS**

THIS FORM MUST BE USED TO ENROLL ALL STUDENTS IN SCHOOL, INCLUDING NEW, TRANSFERS, AND THOSE SEEKING ADDITIONAL TRAINING.  
PLEASE PROVIDE THE ADDITIONAL INFORMATION AS REQUIRED FOR YOUR STUDENT TYPE ALONG WITH THIS COMPLETED APPLICATION.

1. COPY OF BIRTH CERTIFICATE (PREFERRED) OR DRIVERS LICENSE FOR PROOF OF AGE.
  2. PROOF OF EDUCATION (MUST HAVE SUCCESSFULLY COMPLETED 10TH GRADE OR EQUIVALENT WITH AT LEAST 10 HIGH SCHOOL CREDITS): PHOTOCOPY OF DIPLOMA(S), TRANSCRIPT(S), OR GED CERTIFICATION (COSMETOLOGY ONLY).
  3. TWO PHOTOGRAPHS MEASURING APPROXIMATELY 2" X 2".
  4. MEDICAL EXAM (BARBER ONLY).
  5. \$5.00 ENROLLMENT FEE.
- ALL FEES ARE NON-REFUNDABLE.

**TO BE COMPLETED BY APPLICANT**

1. LEGAL NAME (FIRST, MIDDLE, LAST)			2. SOCIAL SECURITY NUMBER				
3. PERMANENT ADDRESS (STREET, CITY, STATE, ZIP CODE)							
4. DATE OF BIRTH		5. TELEPHONE NUMBER		6. EDUCATION		7. YEAR LAST GRADE WAS COMPLETED	
MO.	DAY	YEAR			CHECK LAST GRADE COMPLETED		
					<input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED		
EMAIL ADDRESS				<input type="checkbox"/> (OPTIONAL) I AUTHORIZE THE BOARD TO RELEASE MY EMAIL ADDRESS UPON REQUEST.			
8. SCHOOL WHERE LAST GRADE WAS COMPLETED				9. SCHOOL ADDRESS (CITY AND STATE)			

**10. CHARACTER REFERENCES - COSMETOLOGY ONLY**

NAME		ADDRESS (STREET, CITY, STATE, ZIP)	
a.			
b.			
11.			
<b>HAVE YOU</b>	1. EVER BEEN ENROLLED IN A MISSOURI COSMETOLOGY/BARBER SCHOOL?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	2. EVER BEEN AN APPRENTICE IN A MISSOURI COSMETOLOGY/BARBER SALON?	<input type="checkbox"/>	<input type="checkbox"/>
	3. EVER BEEN LICENSED AS A COSMETOLOGIST, HAIRDRESSER, MANICURIST, ESTHETICIAN OR BARBER IN MISSOURI OR ELSEWHERE?	<input type="checkbox"/>	<input type="checkbox"/>

**TO BE COMPLETED BY SCHOOL**

12. THE ABOVE-NAME APPLICANT HAS BEEN ACCEPTED FOR ENROLLMENT INTO OUR SCHOOL AND MAY BEGIN WITH OUR CLASS STARTING \_\_\_\_\_ OR UPON RECEIPT OF THE STUDENT LICENSE, **WHICHEVER IS LATER**. WE HEREBY CERTIFY THAT THIS APPLICATION HAS BEEN COMPLETED TO THE BEST OF OUR KNOWLEDGE.

I HEREBY MAKE APPLICATION TO ENROLL IN THE FOLLOWING SCHOOL

13. SCHOOL NAME		14. SCHOOL LICENSE NUMBER	
15. SCHOOL ADDRESS		16. TELEPHONE NUMBER	
17. FOR THE FOLLOWING COURSE		18. PLEASE INDICATE THE NUMBER OF HOURS ATTENDING EACH DAY	
<input type="checkbox"/> CLASS CA - HAIRDRESSING AND MANICURING	CROSSOVER	SUNDAY	
<input type="checkbox"/> CLASS CH - HAIRDRESSING	<input type="checkbox"/> BARBER	MONDAY	
<input type="checkbox"/> CLASS MO - MANICURIST <input type="checkbox"/> BARBER	<input type="checkbox"/> COSMETOLOGY	WEDNESDAY	
<input type="checkbox"/> CLASS E - ESTHETICIAN		THURSDAY	
		FRIDAY	
		SATURDAY	

THE FOLLOWING QUESTIONS MUST BE ANSWERED IN ORDER TO ENROLL IN A SCHOOL, FAILURE TO DO SO WILL CAUSE THE APPLICATION TO BE REJECTED AND DELAY PROCESSING.

IN THE LAST TEN (10) YEARS HAVE YOU BEEN FINALLY ADJUDICATED AND FOUND GUILTY, OR ENTERED A PLEA OF GUILTY OR NOLO CONTENDERE, IN A CRIMINAL PROSECUTION IN THIS STATE, OR OF THE UNITED STATES, WHETHER OR NOT SENTENCE WAS IMPOSED? ☐ YES ☐ NO

**NOTE: THIS INCLUDES SUSPENDED IMPOSITION OF SENTENCE, SUSPENDED EXECUTION OF SENTENCE, MISDEMEANOR AND FELONY CONVICTIONS, AND ALCOHOL RELATED OFFENSES, I.E. DWI AND BAC. CHECK YES IF NOT PREVIOUSLY DISCLOSED TO THIS BOARD AND PROVIDE THE DATE OF THE CONVICTION AND/OR PLEAING, NATURE OF THE OFFENSE, COURT LOCATION, AND CASE NUMBER ON A SEPARATE SHEET.**

**CITIZENSHIP QUESTIONS**

(A) ARE YOU A UNITED STATES CITIZEN OR OTHERWISE LAWFULLY PRESENT IN THE UNITED STATES? ☐ YES ☐ NO

IF YOU ANSWERED "NO" TO QUESTIONS (A) ABOVE, PLEASE PROVIDE A DETAILED EXPLANATION.

Pursuant to Section 324.010 RSMo:

☐ CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.

*False statements are subject to criminal penalties and/or license discipline.*

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200  
or e-mail [income@dor.mo.gov](mailto:income@dor.mo.gov).

19. I HEREBY SWEAR AND AFFIRM THAT THIS APPLICATION IS COMPLETE AND THE ANSWERS SET FORTH ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND I MUST BE REGISTERED WITH THE MISSOURI STATE BOARD OF COSMETOLOGY AND I WILL NOT BE ALLOWED CREDIT FOR SCHOOL ATTENDANCE UNTIL I HAVE BEEN ISSUED AND THE SCHOOL RECEIVES MY STUDENT LICENSE.

APPLICANT SIGNATURE



20. NAME OF SCHOOL

22.

21. SIGNATURE OF OWNER OR REGISTRAR

DATE

SCHOOL  
SEAL

#### OPTIONAL

I \_\_\_\_\_, consent to the release by the Board of all previous **Notice of Termination/Contractual**  
(APPLICANT NAME)

**Fees** forms to the above named school upon my enrollment.

SIGNATURE

DATE

HAVE YOU OR AN IMMEDIATE FAMILY MEMBER SERVED IN THE U.S. ARMED FORCES?

☐ YES ☐ NO

IF YES, WOULD YOU LIKE INFORMATION ABOUT MILITARY-RELATED SERVICES IN MISSOURI?

☐ YES ☐ NO

#### FOR OFFICE USE ONLY

START DATE

LICENSE EXPIRATION DATE

CLASSIFICATION

EDUCATION DATE

/ /

/ /

/ /

N/A

LICENSE NUMBER

REVIEWER'S INITIALS

STAFF'S INITIALS